

MIDDLE EAST EXECUTIVE TRAINING IN THE UNITED STATES (MEET U.S.)

HOSPITAL ADMINISTRATION

September 8 – October 3, 2003

Managed by the U.S. Department of Commerce

The U.S. Department of Commerce's Middle East Executive Training in the United States (MEET U.S.) will be providing training for 18-20 hospital and medical facility administrators and management specialist from North Africa and the Middle East. The program will be four weeks in length, beginning with a one-week business orientation and followed by three weeks of comprehensive group training, with site visits to medical companies and facilities, and universities offering medical science programs, and governmental organizations throughout the United States.

To be considered for an internship, applicants for the MEET U.S. Hospital Administration program must be in positions of significant responsibility in their employing organizations and have several years of management experience. Although helpful, fluency in English is not required; the MEET U.S. Program will provide simultaneous interpretation into Arabic and French, as needed.

A letter of recommendation must accompany applications from the candidate's supervisor in his/her employing organization, which contains a description of the applicant's present duties and permission for the applicant to participate in the program. Applicants who are owners of medical facilities and/or self-employed in the field, may submit an explanation of their situation along with a letter of recommendation from someone familiar with the applicants professional experience. Letters of recommendation should be translated into English. Applicants should also enclose a recent photograph, passport-size if possible. Additionally, a copy of the applicant's international passport should be provided, if available.

Applicants are screened and selected by the U.S. Department of Commerce based on their professional and educational achievements and experience in hospital administration and related fields. MEET U.S. office in Washington, D.C. will make final determination regarding which applicants are selected for training. A U.S. Embassy official in the respective region will notify those selected.

For those selected to participate in this program, the U.S. Government will pay for round-trip airfare from a designated site to the United States, housing, a comprehensive training program, interpreters, medical insurance, and a \$34 per diem for meals and incidental expenses. Family members or escorts may not accompany participants. Each participant must provide his or her own transportation to the designated departure site and possess a valid international passport on which to travel. MEET U.S. participants may not seek permanent employment in the United States. Upon completion of their training, participants must return to their respective homelands.

Any misrepresentation on the part of the applicant either orally or in writing will automatically be grounds for disqualification or expulsion from the program.

APPLICATIONS MUST BE RECEIVED BY APRIL 15, 2003. Completed applications **MUST** be sent to the U.S. Embassy/Consulate. In certain cases, applications can also be faxed or express mailed (via international mail service such as FedEx or DHL to the information listed below.

U.S. DEPARTMENT OF COMMERCE
OFFICE OF THE MIDDLE EAST
ATTN: TANYA CHEGUER
14TH STREET AND CONSTITUTION AVE NW
WASHINGTON DC 20230

FAX: (202) 482-0878
E-Mail: MEETUS@ita.doc.gov

MEET U.S.
MIDDLE EAST EXECUTIVE TRAINING IN THE UNITED STATES
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PHOTO

BEFORE FILLING OUT THIS APPLICATION PLEASE FAMILIARIZE YOURSELF WITH THESE INSTRUCTIONS:

1. The application MUST be completed in English. 2. Submit resume (curriculum vitae) in English 3. One letter of recommendation from your supervisor with a copy translated into English. 4. Copy of the first pages of your passport. 5. Copies of education diplomas and other higher education certificates. 6. Completed applications MUST be submitted through your local US Embassy.

The application can be typed or printed legibly by hand. It is necessary to provide full answers to all questions – you can use additional pieces of paper for your answers. **ALL QUESTIONS MUST BE ANSWERED.** If it is not applicable please write N/A. When you list your phone number make sure you include the country and city codes. **To avoid serious mail delay, please forward any applications via FedEx or DHL.**

US DEPARTMENT OF COMMERCE
Office of the Middle East, RM. 2029B
Attention: Tanya Cheguer
MEET US, Program Officer
14TH Street and Constitution Ave NW
Washington, DC, 20230

PHONE: (202) 428-4867 / 5506
E-MAIL: MEETUS@ita.doc.gov

GENERAL INFORMATION

Name _____
(Last Name) (First Name) (Middle, if applicable)

Place of Employment _____
(Complete Company Name)

Position/Title: _____

Work Telephone: _____ Fax: _____

Work Address: _____

THIS APPLICATION IS FREE OF CHARGE AND MAY BE REPRODUCED WITHOUT PERMISSION

(Street, Building)

(City, Index)

E-mail: _____

Preferred Mailing Address ☐ Home ☐ Work:

Date of Birth: - - (_____)
(Month-Day-Year) (In words)

Sex: ☐ Female ☐ Male Marital Status Single ☐ Married

Place of Birth _____
(City) (Country)

Citizenship: _____

Full Name of Spouse: _____

Spouse's place of work, position, and telephone number

If you have children, please list name, gender, and age

Home Address _____
(Street Name and Number) (Apartment Number)

(City)

Home Telephone: _____

Other contact numbers where you can be reached (please list all alternative telephones and fax numbers, including city codes)

Tel# _____ Fax# _____ Name _____

Relationship: ☐ Friend ☐ Co-worker ☐ Spouse ☐ Relative ☐ Other

Tel# _____ Fax# _____ Name _____

Relationship: ☐ Friend ☐ Co-worker ☐ Spouse ☐ Relative ☐ Other

The MEET U.S. program does not discriminate in training on the basis of sex, race, color, age, religion, national origin, or handicap.
This policy is consistent with relevant U. S. governmental statutes and regulations

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In case of emergency, whom should we contact? (Include name, address, and telephone number):

How did you learn about the MEET U.S. Program?

II. EDUCATION

A. *List all post-secondary education including professional education, beginning with most recent (attach additional pages as needed)*

<u>Dates</u>	<u>Institute/University</u>	<u>Major Subject</u>	<u>Degree/Date Received</u>

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B. List all U.S. Government-funded programs in which you have participated (attach additional pages as needed)

<u>Dates</u>	<u>Name/Location of U.S. Government Sponsoring Agency</u>	<u>Topic of Program</u>

C. Knowledge of English: Please rate your knowledge of English in the following areas:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
<i>Reading</i>				
<i>Writing</i>				
<i>Comprehension</i>				
<i>Speaking</i>				

List any other languages that you know: _____

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This policy is consistent with relevant U. S. governmental statutes and regulations*

III. BUSINESS AND EMPLOYMENT EXPERIENCE

- A. *List your business and employment history for the past ten years, beginning with most recent*
 B. *(attach additional pages as needed)*

<u>Dates</u>	<u>Name of Organization</u>	<u>City</u>	<u>Position/Title</u>	<u>Responsibilities and duties</u>

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C. Please list three professional references (names, addresses, and phone numbers):

<u>NAME</u>	<u>COMPANY NAME, ADDRESS, AND TELEPHONE</u>	<u>PROFESSIONAL RELATIONSHIP</u>

IV. ADDITIONAL INFORMATION

A. Passport and Travel Information

ATTENTION: We need the following information regarding your international passport. If you are chosen to participate we will use it to expedite your visa application.

Do you have an external passport? ☐ Yes ☐ No

Series/Number/: _____

Passport Expiration Date: _____

Have you ever applied for a U.S. visa? ☐ Yes ☐ No

When? _____ Where: _____

Were you granted a U.S. visa? ☐ Yes ☐ No what type? _____

Have you ever applied for immigration to the U.S.? ☐ Yes ☐ No

When _____ Where _____

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B. List previous travel abroad (attach additional pages as needed):

<u>Country</u>	<u>Dates</u>	<u>Sponsor</u>	<u>Purpose</u>

Do you want to occupy a smoking room?

☐ Yes

☐ No

These questions have no bearing on the selection of candidates. It is confidential information used for your safety and comfort if you are selected for the program.

• Do you have any allergies?

☐ Yes

☐ No

• If yes, please explain: _____

Do you have any medical conditions or limitations?

☐ Yes

☐ No

• If yes, please explain: _____

• Do you take any medication?

☐ Yes

☐ No

• If yes, please explain: _____

• Do you have any special dietary needs?

☐ Yes

☐ No

• If yes, please explain: _____

Please list any contacts you have in the United States (including family, friends, business associates, and acquaintances) :

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V. ORGANIZATION INFORMATION

The following information is very important and will assist MEET U.S. in designing the most useful training program. Please give as much detailed information as you can. MEET U.S. cannot effectively design a program for you, if you do not answer these questions.

Name of Enterprise: _____

Briefly describe your employing organization (be specific in terms of private or public sector, the date it was formed, what the mission and goals are, what area of work it is involved in and how it is structured). Use additional piece of paper as needed.

The market for your product or service is:

- ☐ local
☐ regional

- ☐ national
☐ international (please list countries)

Who are your customers?

- ☐ state enterprises
☐ private enterprises

- ☐ individuals
☐ other _____

How many people work at the firm? _____

Annual gross revenue (in US\$): _____

Ownership of your company: _____

(If more than one entity or individual owns it, please provide the ownership breakdown by percentage:

VI. STATEMENT OF PURPOSE

On separate sheets of paper, please answer the following questions. The information you provide should be several pages long.

1. Please give a description of your specific responsibilities in the organization. This must include: your title; the name and title of the person for whom you work; the name of the division or department for which you work, and its major function within the enterprise; how many employees report to you directly; some of the major problems you have encountered in your work and how you think this program might assist you with those problems; and, any other information you think would be of interest
2. Describe your short- and long-term career goals.
3. Describe your goals in coming to the United States for an internship program.
4. Please provide information about specific projects, joint ventures, or business relationships you would like to develop with U.S. companies (list particular companies you have in mind).
5. How do you plan to apply the knowledge you will gain on the MEET US training program to your work back home -- both in your company and the country as a whole? *What makes you a good candidate for this program?*

VII. TRAINING TOPICS

Please rate your interest in the following training topics from 1-5 with 5 indicating the highest interest.

1. ☐ **HOSPITAL MANAGEMENT**

- a. ☐ **Hospital Management Structure**
- b. ☐ **Education and Training of Personnel**
- c. ☐ **Ethics for Health Professionals**
- d. ☐ **Relationship between Hospitals, Private Companies and other Hospitals**
- e. ☐ **Relationship between Medical Facilities and Local/Federal Government**
- f. ☐ **Inventory Control**
- g. ☐ **Physician and Patient Rights**
- h. ☐ **Rehabilitation**

2. ☐ **HUMAN RESOURCE MANAGEMENT**

- a. ☐ **Labor Relations, Negotiation and Conflict Resolution**
- a. ☐ **Employee Development**
- b. ☐ **Employee Law and Ethics**
- d. ☐ **Planning and Scheduling (budget, schedules, resource allocation etc.)**

3. ☐ **INSURANCE**

- c. ☐ **Insurance Companies Structure**
- d. ☐ **Insurance Services**
- c. ☐ **Relationship between Hospitals and Insurance Companies**

4. ☐ **SERVICES, TECHNOLOGY AND EQUIPMENT**

- a. ☐ **Medical Services**
- b. ☐ **Emergency Services**
- c. ☐ **Out Patient/In Patient Services**
- d. ☐ **High Tech Medical Equipment and Technologies**
- e. ☐ **Telemedicine**

5. ☐ **FINANCE**

- a. ☐ **Sources of Hospital Financing**
- b. ☐ **Distribution of Financing and Governing Laws**
- c. ☐ **Budget Oversight and Management**
- d. ☐ **Salaries**
- e. ☐ **Accounting/Cost Management**
- f. ☐ **Business Plan Development**

6. ☐ **LEADERSHIP SKILLS**

- a. ☐ **Cross-cultural Negotiation Strategies**
- b. ☐ **Sharpening your management skills**
- c. ☐ **Professional/Career development**
- d. ☐ **Time management**
- e. ☐ **Professional etiquette**
- f. ☐ **Developing your boardroom skills**

9. Please list any other topics of interest that were not mentioned above and rate them accordingly:

VII. LETTER OF AGREEMENT I testify that the information submitted in this application is complete and accurate. I understand that providing false information on this application or during the interview will automatically disqualify me from participation in the MEET US program. If I am selected for participation in the program, and it is determined during the course of the training that any of the information provided in this application or during the interview was false, I understand that this would mean immediate dismissal from the program. If selected, I agree to comply with all regulations of the program and all local and national laws of the United States.

I understand that while in the United States, I will be required to share my hotel room with one other individual (of the same sex) from the training group. I understand that separate beds will be provided. I declare that this type of housing arrangement is satisfactory to me and presents no difficulties.

I understand that I will be provided with medical insurance to be used only for emergency situations and not for routine medical care or treatment for any pre-existing medical or dental condition. I further understand that I will be required to pay all deductibles and other miscellaneous expenses not covered by the insurance. I understand that I may purchase my own supplemental travel and/or health insurance before departing for the U.S. If I choose to do so, this will act as additional coverage for me while I am on the MEET US program.

I understand that the U.S. visa obtained in connection with my MEET US program training is valid only for temporary training and is not valid for employment in the United States or for travel not related to the MEET US training. I declare my intent to return to my country of origin at the end of my training as a MEET US program participant. I understand that returning to my country at the end of my internship is a condition of my participation in the MEET US program. I further understand that traveling outside of the United States (for example, Canada or Mexico) is strictly prohibited and would be in violation of my U.S.-issued visa and would mean immediate grounds for dismissal from the program. Travel to cities in the United States that are not part of the specific MEET US training program is strictly prohibited.

I understand that this program prohibits family members and/or escorts to accompany MEET US participants to the United States.

I understand that the program will be conducted in English with interpretation into Arabic and French, as needed.

If for any reason I must return home early, I understand that I must return the remainder of the per diem to the MEET US Program.

(DATE)

(SIGNATURE)